

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar St, Suite 403
Canada, ON, P3E 6A5
Telephone: (800) 663-6965
northdistrict.mltc@ontario.ca

Original Public Report	
Report Issue Date: December 2, 2022	
Inspection Number: 2022-1549-0002	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Corporation of the County of Simcoe	
Long Term Care Home and City: Georgian Manor Home for the Aged, Penetanguishene	
Lead Inspector Tracy Muchmaker (690)	Inspector Digital Signature
Additional Inspector(s) Inspector #000696 Eva Namysl observed this inspection	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 21-24, 2022

The following intake(s) were inspected:

- One intake, which was related to the fall of a resident that resulted in a transfer to hospital
- One intake, which was a follow up inspection to CO #001 from inspection 2022_1549_0001 for s. 54 (b) related to responsive behaviours

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1549-0001 related to O. Reg. 79/10, s. 54 (b) inspected by Tracy Muchmaker (690)

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The following **Inspection Protocols** were used during this inspection:

Falls Prevention and Management
Responsive Behaviours
Infection Prevention and Control

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented related to hand hygiene.

Rationale and summary

According to the Infection Prevention and Control Standard for Long-Term Care Homes, dated April 2022, the home's IPAC program must include support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting.

During an observation of a lunch meal, the inspectors did not observe any residents being encouraged or assisted to perform HH. After the Inspector spoke with a Personal Support Worker (PSW), they assisted one resident. The following day, the inspectors observed staff assisting all residents with HH prior to the meal service.

Sources: Observations of lunch meal; the home 's policy titled "Hand Hygiene Program-IPC B-45", dated December 2020; Interviews with a PSW, the IPAC Lead and Administrator.

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Date Remedy Implemented: November 24, 2022

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (9) (b)

The licensee has failed to ensure that on every shift the symptoms indicating the presence of infection were recorded for a resident.

Rationale and summary

A resident began having symptoms of an infection, was isolated and staff were monitoring the resident. The resident's progress notes identified that there were 18 out of the 30 shifts during the isolation period in which there was no documentation of symptom monitoring.

A Registered Practical Nurse (RPN) verified that when a resident has symptoms of an infection, staff are to monitor the resident, and document the symptoms in a progress note on every shift. The IPAC Lead, and the Administrator verified that the resident's symptoms were not monitored and documented on every shift during the time that the resident was isolated.

Sources: A resident's progress notes; The home's policy titled "Staff Responsibilities During an Outbreak IFC E-25", dated December 2020; Interviews with a RPN, the IPAC Lead, and Administrator.

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